



Complete Summary

GUIDELINE TITLE

The role of endoscopy in patients with chronic pancreatitis.

BIBLIOGRAPHIC SOURCE(S)

Adler DG, Lichtenstein D, Baron TH, Davila R, Egan JV, Gan SL, Qureshi WA, Rajan E, Shen B, Zuckerman MJ, Lee KK, VanGuilder T, Fanelli RD. The role of endoscopy in patients with chronic pancreatitis. *Gastrointest Endosc* 2006 Jun;63(7):933-7. [55 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

Chronic pancreatitis

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Diagnosis
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Gastroenterology
Internal Medicine

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To review the role of endoscopy in the management of chronic pancreatitis (CP)

TARGET POPULATION

Patients with chronic pancreatitis

INTERVENTIONS AND PRACTICES CONSIDERED

1. Endoscopic retrograde cholangiopancreatography (ERCP)
2. Endoscopic ultrasonography (EUS)
3. Endoscopic therapy of pancreatic ductal obstruction
4. Endoscopic placement of pancreatic duct stents
5. EUS-guided celiac blockade

MAJOR OUTCOMES CONSIDERED

- Sensitivity and specificity of diagnostic tests
- Symptom improvement
- Therapeutic efficacy

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A MEDLINE literature search was performed, and additional references were obtained from the bibliographies of the identified articles and from recommendations of expert consultants. When little or no data exist from well designed prospective trials, emphasis is given to results from large series and reports from recognized experts.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence **(I–V)** and strength of recommendations **(A–C)** are defined at the end of the "Major Recommendations" field.

Summary

- Endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasonography (EUS) are useful for the diagnosis of chronic pancreatitis (CP) and associated pancreatic ductal complications **(B)**.
- ERCP for the diagnosis of CP should be reserved for patients in who the diagnosis has not been established by noninvasive or less-invasive studies **(C)**.
- Endoscopic therapy of pancreatic ductal obstruction can provide short-term relief of abdominal pain and long-term relief in some patients **(B)**.
- ERCP is effective for the short-term treatment of common bile duct obstruction resulting from CP **(B)** and long-term treatment in poor operative candidates **(C)**.
- Endoscopically placed pancreatic duct stents are effective for the nonsurgical management of pancreatic strictures, duct leaks, and disruptions **(B)**.
- EUS-guided celiac blockade can effectively provide short-term pain relief in patients with CP **(B)**.

Definitions:

- A. Prospective controlled trials
- B. Observational studies
- C. Expert opinion

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and classified for the recommendations using the following scheme:

- A. Prospective controlled trials
- B. Observational studies
- C. Expert opinion

When little or no data exist from well-designed prospective trials, emphasis is given to results from large series and reports from recognized experts. Guidelines for appropriate utilization of endoscopy are based on a critical review of the available data and expert consensus.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate and effective use of endoscopy for diagnosis and treatment in patients with chronic pancreatitis

POTENTIAL HARMS

Complications related directly to endoscopic therapy of pancreatic duct (PD) strictures include pain, pancreatitis, stent occlusion, proximal or distal stent migration, duodenal erosions, pancreatic infection, ductal perforation, stone formation, and bleeding (if sphincterotomy is performed).

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Guidelines for appropriate use of endoscopy are based on a critical review of the available data and expert consensus. Further controlled clinical studies are needed to clarify aspects of this statement, and revision may be necessary as new data appear. Clinical consideration may justify a course of action at variance to these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Jun

GUIDELINE DEVELOPER(S)

American Society for Gastrointestinal Endoscopy - Medical Specialty Society

SOURCE(S) OF FUNDING

American Society for Gastrointestinal Endoscopy

GUIDELINE COMMITTEE

Standards of Practice Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [American Society for Gastrointestinal Endoscopy Web site](#).

Print copies: Available from the American Society for Gastrointestinal Endoscopy, 1520 Kensington Road, Suite 202, Oak Brook, IL 60523

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on October 9, 2006. The information was verified by the guideline developer on October 31, 2006.

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